

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9	1						59	
10		1					60	
11		1					61	
12		1					62	
13		1					63	
14	1						64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20		1					70	
21		1					71	
22	1						72	
23		1					73	
24		1					74	
25		1					75	
26		1					76	
27		1					77	
28		1					78	
29	1						79	
30		1					80	
31		1					81	
32		1					82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	5						TOTAL IND.	
TOTAL DEP.	27						TOTAL DEP.	
TOTAL CLAIMS	32						TOTAL CLAIMS	